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7	0000			ECORDS, 301 W.							
FOR STATE	0267	4	MED	ICAL EXAMIN	VER'S	CERTIFICATE	OF DE	HTA	02	670	
HEALTH DEPT.	I. PLACE OF DEA	2. USUAL RESIDENCE O. STATE Man	E (Where dec	eosed lived, if institu b. COU	DITY	before odmission) Queen Ann	n				
delay and 3 M3. Pag	b. CITY OR TOW write RURAL RUTAL	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)									
PM3.		II.		Rural		19%					
ath. If any delay ages 1, 2, and 3 th farm PM3. Pa	d. NAME OF HO	d. Street address • Is residence on a farm? yes \(\) No \(\)					X				
de w	3. NAME OF DECEASED (Type or print)	Georg		Middle E		Brooks	4. DAT OF DEA	rH F	eb.	Doy Year 18, 1967	
2 with	S. SEX	6. COLOR OR RACE	7. MARRIED -	NEVER MARRIEI DIVORCEI		Mar. 14,	1903	9. AGE (In years last birthday) 63 yrs.	Months De	AR IF UNDER 24 HRS	
executed within 24 haurs rading" in pencil in Item 18 Medical Examiner's Office permit. File pages Land 2 verthin 72 haurs after death	during most at war!	TION (Give kind of work done cing life, even if retired) erman	IN IN	ND OF BUSINESS OR DUSTRY		Virgi		country)	12. CITIZE COUN	N OF WHAT TRY? SA	
within pencil i xaminer ile page haurs a	13, FATHER'S NAM	E				14. MOTHER'S MAID					
d within 24 in pencil in Examiner's Examiner's File pages 2 haurs after		iam Brooks EVER IN U.S. ARMED FORCES	. 10	SOCIAL SECURITY NO.	12.1	Ann:	letuck	Add			
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IER: This certificate shauld be executed certificate, writing the ward "pending" in hauld be forwarded to the Chief Medical Eles. shauld be used as a burial-transit permit. Fin, or remaval, and in any event within 72.	PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING	O DEATH BUT NOT REL	ATED TO 1	THE TERMINAL DISEASE	CONDITION G	IVEN IN PART I(o)		19. WAS AUTOPSY PERFORMED? YES NO	
<u> </u>	CALISE OF DEA	CONTRIBUTING	20b. DE	SCRIBE HOW INJURY O	CCURRED.	(Enter noture of injury	in Port I or I	Port II of item 18.)			
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se exercitor. Production for formal f	deoth re	sulted fram: Natur	ral causes 🖪	Accident 🗌	, Suic	1	ide,	Undetermined n	nonner 🗌		
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EPUTY MEDIC. ssary, please e funeral directal ay be retained ay be retained ineRAL DIRECT	SIGNATURE EXAMINER'S		1,	,		MCD.	DICAL EXAMIN		, 2	7-20-61	-
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TO P. Head	230. BURIAL, CREN	Feb.	22, 19			netery	Ma	LOCATION (City or I	`	vunty) (State)	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02675 CERTIFICATE OF DEATH death. executed within 24 hours after death. filled in by the funeral papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNT) MARYLAND ve carban papers. Pages 1 event, within 72 haurs after b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If dutside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ENTREVILLE e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS YES NO E Middle remove carban 3. NAME OF 4 DATE First Dov Lost and campietely OF DEATH DECEASED EDRUARY 19 ough (Type or print) SOWERS AGE LINDER 1 YEAR SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED wirthdoy) Months Doys Hours and in any DIVORCED WIDOWED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 100. USUAL OCCUPATION (Give kind of work done aq please during most of working life, even if refired) INDUSTRY physician requires that the death certificate Home 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME QINIA the attending p AMUE DOWERS IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT TOGUC (Yes, no, or unknown) (If yes give wor or dates of service) 50 LENTREVILLE cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY estive Heart Failure IMMEDIATE CAUSE (o) by DUE TO signed b 251Ve Carolio Vascula Conditions, if any, which gove rise to immediate couse (a), DUE TO Vcd stoting the underlying couse use as the lath priar to b be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 50 23 c lost. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? Health p YES NO Ь 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH af a detached (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) foctory, street, office bldg., etc.) Hour o.m. Not While 19 of work pe 21. I certify that (1) (this haspital) attended the deceased fram Feb 196/, that (1) (240) last saw the deceased alive an Feb 2 2 19 67, and that death accurred at 129 PM, fram causes and on the date stated above. 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** PHYS. DIRECTOR PHYS Les M.D. 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) director, shauld 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23b. DATE THEREOF 23d. LOCATION (City or Town) 23g. BURIAL CREMATION (County) BURIAL (Specify) BALTIMORE 2So REC'D BY REGISTRAR 25b. REGISTRAR'S 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATFEB Charles

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		and fine vectors for	Church H				_		Church		18	1-1	
	-				pital, give street address)		d. STREET ADDRESS	-0.2 0.2	01101 011		e. 15 R	ESIDENCE	
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TO NOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after Death.

	02677	N OF STATIS	TICAL RES	EARCH AND REC				BALTIMO	RE 1, M/	ARYLANI APRI) . 72
)	b. CITY OR TOW Write RUBAL Church	Queen And Outside corporate and give nearest Hill	orate limits, town)	c. LENGTH OF STAY	IN 1b	2. USUAL RESIDENCE A. STATE De C. CITY OR TOWN (IF Smy:	elawar	e b. coun	TY	and give nea	V
	Colonia	al Arms								YES	A FARM?
3.	NAME OF DECEASED (Type or print)		r P. C			Last	4. DATE OF DEATH	2/23/6	7	4	Year 9
	sex nale	6. COLOR OR RAC white	7. MARRII WIDOWI		O 8	. DATE OF BIRTH 11/5/1883	9.	AGE (In years last birthday) yrs.	FUNDER 1 Months D	YEAR IF UNI Pays Hou	
dur Re	ring most of work	ding life, even if ret Monumet	orkdone 10b. fired) Deale	KIND OF BUSINESS OR INDUSTRY		Wilm. De	unty & State, o 1.		12, CIT COL	IZEN OF WHINTRY? SA	IAT
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CERTIFICATION	20a. ACCIDENT	SIGNIFICANT CONDI WAS UNDERLYING ING CAUSE OF D TIFY MEDICAL EXA	TIONS CONTRI	BUTING TO DEATH BUT NO DESCRIBE HOW INJURY						19. WAS PERF	AUTOPSY ORMED? NO 2
MEDICAL	Hour a.		y, Year 20d Whi 19 at w	le Not While	e. PLAC factor	E OF INJURY (Home, fa y, street, office bldg., et	rm, 20f. (C	ity or town)	(Coun	ty)	(State)
	21. I certi	fy that (I) (this h ceased aliye on RE	ospital) atter 2/23 Wen	nded the deceased fro	m 1.1 od that M.D.	death occurred at ATTENDING TO PHYS. 22d. ADDRESS Chester	MED.	STAFF PHYS.	22b. DA	, that (1) e date stat TE SIGNED 24/67	
238	Buria.	ectfy) 2/26	67	23c. NAME OF CEN Silverbro		Cem.	Wilm	ation (city, to nington	, De	1.	(State)
24	I. FUNERAL DIR	illis li	ells.	Ghestertow	m,		FEB 2	8 1967		signaturi men	udge

MARYLAND STATE DEPARTMENT OF HEALTH

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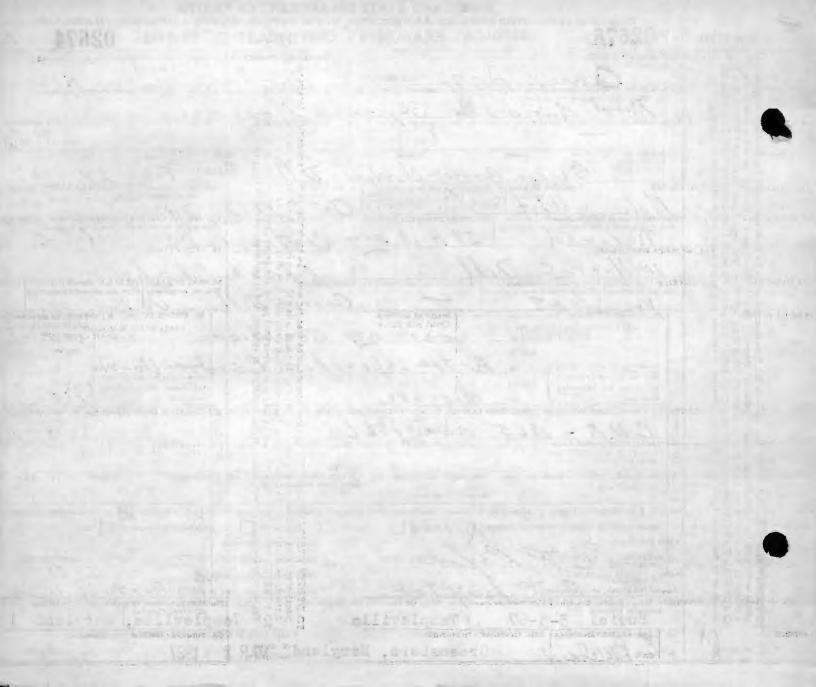
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HEALTO DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY necessary, actor, Page B. COUNTY e. LENGTH OF STAY IN 16 write RURAL and give nearest lown retained for your d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? to the funeral State s affer YES NO IP 3. NAME OF Middle 4. DATE Month Dey Year DECEASED OF (Type or print) DEATH With the 196 ar death. 5. SEX 9. AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED TNEVER MARRIED lest birthday) Months Hours USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY PM3. Page done during most of working life, eyen if retired 110 13. FATHER'S NAME 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unkown) i lifyasgive war or detes of service) 26. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] Office along remova burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a in pencil DUE TO certificate should cratic Cardie Conditions, if any, which cremation, "panding" gave rise to Immediate cause Examiner's DUE TO 50 (a), stating the undarlying used cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IT II. WAS AUTOPSY CERTIFICATION pa burial, PERFORMED? Word Medical NO should 200, EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) please execute the certificate, writing the 4 should be forwarded to the Chief Med TO FUNEBAL DIRECTOR: Page 3 chant PRIMARY | or CONTRIBUTING | prior CAUSE OF DEATH. forwarded to the Chief MEDICAL 2De. PLACE OF INJURY (Home, farm, ! Month, Dev. Year 20d. INJURY OCCURRED | 20f. (City or town) (County) (State) Not While fectory, street, office bldg., etc.) While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Natural causes death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER BIGNATURE DEPUTY 6 EXAMINER'S NAME (Type) Address (Street, city, town, or county) Health NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. 22d. LOCATION (City, town, or county) REMOVAL (Specify) Templeville Templeville, Maryland ADDRESS FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Greensbere, Maryland, MAR 5M 1/63



1	MAK DIVISION OF STATISTICAL RESE		, 301 W. PRESTON STREE	
# EV#	/ U2679 _{Item}	CERTIFICATI		02675
funeral and 2	1. PLACE DF DEATH B. COUNTY			ased lived, If Institution: Residence before admission)
5 0 0 0 / I	Queen Anne's	MARYLAND	a. STATE Md.	b. COUNTY Queen Anne's
iours after in by the Pages hours aft	 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corp	orate limits, write RURAL and give nearest town)
ours in by Page nours	Sudlersville		Sudlersville	1-11
ho	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
ithin 24 hd. tely filled son papers, within 72 H	Kitty's Nursing Home		Church Street	YES ND X
executed within and completely remove carbon I any event, with	3. NAME DF First DECEASED	Middle	Last 4. DATE OF	Month Day Year
comple comple ve carl event,	(Type or print) HERMAN		SUNDIACH DEATH	February 1, 19 67
comply ve car event,	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	B. DATE OF BIRTH 9.	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Deys Hours Min.
executer and cor remove	Male White WIDOWED	DIVORCED	lovember 10, 1874 9	2 yrs.
9 2 5	10a. USUAL OCCUPATION (Give kind of work done 10b. F during most of working life, even if retired)	(IND OF BUSINESS OR	11. BIRTHPLACE (County & State,	or foreign country) 12. CITIZEN OF WHAT COUNTRY?
d See	Farmer. Ret. Far	ming.	Germany	U.S.A.
THE PERSON NAMED IN	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
certifica ding pa	Carl Gundlach		Louise William	
thendi	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Address
The law requires that the death certificate be or attending physician. Cate has been signed by the attending presidant use as the burial-transit permit. Then, please eaith prior to burial, cremation, or removal, and it	No.	1-03-6929-A Mrs	Betty Thompson,	30 Briar Lane, Dover, Del.
at the deal ian. d by the ai transit pern cremation,	18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]	^	INTERVAL BETWEEN
hat the cian. ed by the transit , crema	PART I. DEATH WAS CAUSED BY:	Darle Ponde	of DetaTaTion	ONSET AND DEATH
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law requires that tattending physician. e has been signed been signed been signed to be as the burial-tranth prior to burial, cre		UTING TO DEATH BUT NOTRELA	TED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
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	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		RRED. (Enter nature of injury in Pa	rt i or Part II of Item 18.)
	20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Cold		
Ž e Z X o		INJURY OCCURRED 200, PLA	CE OF INJURY (Home, farm, 20f.	City or town) (County) (State)
ING PHY I by the After th I be det State D	ZOC. TIME OF INJURY Month, Day, Year 2004 Hour a.m. While p.m. 19 at wor	WOL WELLS	ry, street, office bldg., etc.)	
ATTENDING R retained by t CTOR: After should be c vith the State	21. I certify that (I) (this hospital) attend		19 6/1 to	Il. 1967, that (I) (we) last
ATTENDII retained CTOR: Ai Schould With the S	saw the deceased alive on Feb 1	77		om the causes and on the date stated above.
red red with with	22a. SIGNATURE			22b. DATE SIGNED
DIRE SEE	(& 1) U -cl	Cell M.D	ATTENDING MED.	STAFF ロレン/3/4ウ _
ITAL may RAL C	22c. PHYSICIAN'S NAME (Type) C H Motgalfo	, V	22d. ADDRESS	9,000
HOSPITAL age 4 may FUNERAL irector, pa	NAME (1998) C.H.Metcalfe.	M.D.	Sudlersville, Mo	1. 21000
TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		CATION (City, town or county) (State)
F 5	Burial. (Specify) Feb. 4, 1967	Sudlersville	Cemetery. Sudle	ersville, Q.A.Co; Md.
1/1	24. FUNERAL DIRECTOR	ADDRESS		TRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)\ / 1 15M 4-64	Edward Fellows, M	illington, Md.	21651 DATE FEB 6	1867 mes Judge
40m T-0T				



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ,OF DEATH funeral and 2 and 2 death. after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. CDUNTY a. STWE ryland Queen Anne Queen Anne MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SIDON filled in by SURTERSONTIAL Price Sudlersville mos. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within Kittvs Nursing Home NO Z YES 1 completely to executed within 3. NAME OF First DATE Middle Last 4. Month Day Year DECEASED event, Anderson 1967 (Type or print) Emma Мазвеу DEATHFebruary 5. SEX 6, COLOR OR RACE I DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months | Davs any Nov. WIDOWED X 15-1967 Female White DIVORCED F 90 = 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT please COUNTRY? and ច Church Hill. USA Housewife Maryland physi 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then attending r ermit. Ther Martha Manson Richard Anderson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. | 17. INFORMANT Address transit permit cremation, or r death (Yes, no, or unkown) [(If yes give war or dates of service) Mrs. Ralph Swan -- Price. Marvland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH I-transi signed by PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) **OUE TO** Conditions, If any, which (b) been gave rise to immediate the r to **OUE TO** (a), stating Ö underlying cause last. certificate has as (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 19. THE TERMINAL DISFASE CONDITION GIVEN IN PART 1(6) for use Health p PERFORMEO? NO [YES . DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert | or Pert | of Item 18.) 20a. ACCIDENT WAS UNDERLYING this certification of I DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 206, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING 19 at work at work p.m. be retained the FUNERAL DIRECTOR: / director, page 3 should should be filed with the 21. I certify that (I) (this hospital), attended the deceased from 1960 192 that (I) (we) fast and that death occurred at. saw the deceased alive on. 19 _M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. director, page should be filed DIRECTOR ___ M.D. PHYS. Page 4 may 22d Centreville, Maryland PHYSICIAN'S NAME (Type) 22c. John Smith NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 2 Church Hill. Laryland Church Hill reb ADDRESS 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) Church Hill Marydaend 15M 4-64



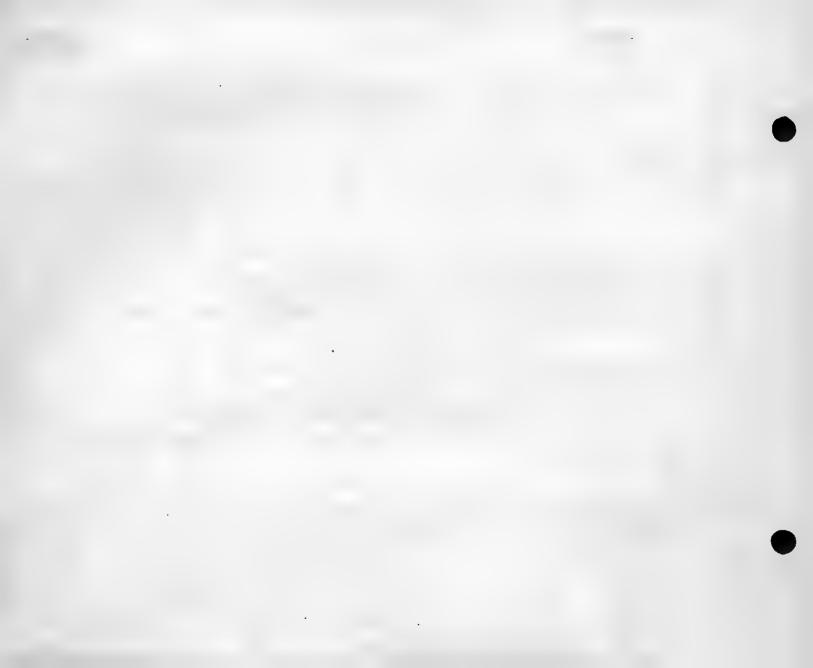


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE HEALTH DEPT. PLACE DE DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission o CDUNTYA o. STATE b COUNTY WEEN HUNES Page 45 death. MARYLAND Department b. CITY OR TOWN (If outside corporate I mits, E LENGTH OF STAY IN 16 c (11) DR TOWN (If outside corporate limits, write RURA), and give negrest town. and wine RURAL and give negrest town) after ENTREVILLE d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS haurs Office along with form DN A FARM? tem 18, Give Pages aţe ND L with the Sto within 72 t NAME OF Midd a-DATE Year DECEASED OF DEATH 19 6 S SEX 6 COLDR DR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 24 HRS lost birthdoy) Hours event WIDDWED 100 USUAL DCCUPATION (Give kind of work done 12 CITIZEN OF WHAT during most of working e, even if retired) in any pages within 13. FATHER'S NAME end 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT be executed permit. remayal. (Yes, no, phunknown) (If yes give war or dotes of service) NONE pending 18. CAUSE DF DEATH (Enter only one cause per line for (o), (b), and (c).), burial-transit PART I, DEATH WAS CAUSED BY 9 IMMEDIATE CAUSE (o) STAL EXAMINER: This certificate should writing the ward crematian, DUE TD Conditions, if any, which gove (b) rise to immediate couse (a). DUE TO O stating the underlying couse should be farwarded used as burial, c last. PART II DTHER SIGNIF CANT CONDITIONS CONTRIBUTING AD DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTDPSY PERFORMED? please execute the certificate. YES NÛ 0 pe 200 EXTERNAL CAUSE WAS PR MARY OF CONTRIBUTING CAUSE OF DEATH its designated agent, priar 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port or Part II of item 18.) 3 shauld 20c TIME DE INJURY Month, Dov. Year 20e PLACE DF INJURY (Home, form, (City or town) (State) factory, street, office blag, etc.) Not While may be retained for your FUNERAL DIRECTOR: Page of work 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection 🔀 and in my opinian the funeral director. Accident X, deoth resulted from: Natural couses Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY necessary. DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Address (Street city, town, or county) my reville 23o. BURIAL CREMATION (County) 0 EMORIAL ASTON FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATUR 2So REC D BY REGISTRAR VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



1 1	Division of STATISTIC	MARYLAND STATE DEF AL RESEARCH AND RECORDS, 301	PARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE,	MARYLAND 21201
- 6-	02683	CERTIFICATE	OF DEATH	02679
after death he twoerbl ges f ond after death	PLACE OF DEATH a. COUNTY QUEEN ANNE b CITY OR TOWN (If guisde corporate I mits,	MARYLAND c. LENGTH OF STAY IN 16	2. USUAL RESIDENCE (Where deceased lived, a. STATE A 221 (Aud) c. CITY OR JOWN (If adustice carparate limits,	if institut on Residence before admission) b COUNTY ANNES write RURAL and give nearest tawn)
	d. NAME OF HOSP TAL OR INSTITUTION (If not in	n haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
and campletely fil remove carbon fil in any event with	A/ 4 1 3 5 4 8	MARRIED NEV MARRIED 8 WIDOWED DIVORCED 106 KIND OF BUS. NESS OR	DATE OF BIRTH ANDRE Z 1902 LOST ANDRE OF BIRTH ANDRE Z 1902 LOST LIL BIRTHPLACE (County & State, or foregen county)	rthday) Manths Doys Hours Min yrs.
eath certificate be exe snding physician and co nit. Then please remo arremaval, and in any	during most of working life, even if retired RETIRED LIGHTER NAME 13. FATHER'S NAME WARLES SARK	Rouze + Light Co.	14. MOTHER'S MAIDEN NAME NELLIE WATERS VEORMANT DAMA LEES	gland Christia.
it the death cer the attending partite sit permit. The nation, ar remo	WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, arunknawn) (If yes give war or dates of se	224-03-0356 AR	s. Albert Chambers	ADDIESS ADDIESS AND ADDIESS AND DEATH ONSET AND DEATH
aquires tha physician. signed by burial-tran burial, crer	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. (c)	Obsteal,	ve pung fise Bronchelo	3/2d7
ICIAN: The law repital ar attending rtificate has been of far use as the of Health priar to	CATION		HE TERMINAL DISEASE CONDITION GIVEN IN PAR	YES NO
G PHYSICIAN: The haspital ar this certificate detached far u te Dept. af Heali	20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o.m.	20d INJURY OCCURRED 20e PLAC	Enter nature of injury in Port I or Port II of ite E OF INJURY (Hame, farm, 20f (City or	
IDING PHYS d by the has After this ce d be detache e State Dept.	21. I certify that (I) (this hospit	While Not While of work of the deceased from	ory, street, office bldg., etc.)	2' ∠ , 19 € , that (I) (we) las
or attenbing be retained by the DIRECTOR: After age 3 shauld be died with the State	22a. SIGNATURE	12 196, and that	deoth occurred atM, from ATTENDING MED ST PHYS DIRECTOR PI	couses and on the date stoted obove
ro Hospital Or Page 4 may be to Funeral Dira director, page 3 should be filed	22c PHYSICFAN'S NAME (Type)	Leyton	22d. ADDRESS	b l
TO HOSPI Page 4 m TO FUNER director, should b	230 BURIAL (REMATION, 23b DATE THERE FEB. 16, 16, 18	OF 23c, NAME OF CEMETERY OR OF 1947 CHESTER FIELD	REMATORY 23d. LOCATION (EMECHACY 250. REDD. BY REGISTRAR	City or Town) (County) (State)
VR A15 (4) 20 M 1/66	Jame H. Berty - Bouton B	us-Centreville, Md.	21619 DATE FLE 17 1	367 Janes Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02684 I PLACE OF DEATI 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a-COUNTY g. STATE b. COUNTY Poge 2 of Oueen Anne's Md. MARYLAND Oumen Anne's delay with the Stote Department b, CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pup M3. Rural Chestertown Sudlersville. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? in Item 18. Give Poges YES NO. This certificate should be executed within 24 hours after death. olong with 3. NAME OF Middle 4 DATE Dov Year DECEASED OF DEATH LEWIS SUDLER STORY 27. 19 67 February Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED TO NEVER MARRIED birthdoy) Months Doys Haurs February, 11, 1909 Male White hours ofter deoth WIDOWED DIVORCED Office (and 2 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) Farming. Md. in pencil ii 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Amelia Wessell John Wesley Story IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address rd "pending" ir Chief Medical E (Yes, no, or unknown) ((If yes give wor or dates of service) event within Mrs. Mary Lola Story, Sudlersville, Md. 21668 No-219-36-7113 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN burial-tronsit PART I, DEATH WAS CAUSED BY ONSET AND DEATH Cerebereal Haemorrage Proble IMMEDIATE CAUSE (o) writing the word DUE TO Cencherral Artoselerosis duy Conditions, if any, which gave 202 10 rise to immediate couse (a), = DUE TO stoting the underlying couse 0 lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? removol, certificate, 6.5 CUN - 19 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING EDICAL EXAMINER: CAUSE OF DEATH cremotion, 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge Not While of work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry 7 and in my apinion Natural causes Accident death resulted fram: Suicide Hamicide Undetermined manner be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health prior 2-28-67 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Bur May (Specify) Mar. 2, 1967 Sudlersville Cemeterv Sudlersville, Q.A.Co; Md. 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR A15ME (5) Millington, Md. 21651 Edward Fellows. MAR 3 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH Rea. Dist. No. director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest lawn) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION C hours YES A NO T by pub .5 NAME OF 3. First Middle 4. DATE Manth Day filled PHYSICIAN: The law requires that the death certificate be executed within 24 (Type or print) drea DEATH 6 6. COLOR OR RACE S. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. completely last birthday) Manths Days Hours DIVORCED WIDOWED [popers. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life even if retired) physician and carban offer 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME haurs 0 remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO attending p NONE NE 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 3 THO the DUE TO à permit. Canditians, if any, which gned gave rise to immediate DUE TO cause (a), stating the underar attending physician. been si lying cause last. burial-fransit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO I 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a.m. While Not while at wark p. m. at wark After . 1967that I last saw the deceased 21. I certify that I attended the deceased from alive an that death accurred at M, fram the causes and an the date stated above. TO HOSPITAL OR ATTERMOY be retained by ADDRESS (Street, city or town, state) DATE SIGNED det ACTUAL priar 20 SIGNATURE page 3 shauld PHYSICIAN'S NAME (Type) 22a. BURIAL CREMATION 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

